

Nonsurgical Treatment of Lumbar Disc Sciatica

TO THE EDITOR: I congratulate *The Western Journal of Medicine* for publishing the article on outpatient treatment of lumbar disc sciatica¹ and the authors of this article for the success in their outpatient management where 39 out of 47 patients recovered without surgical treatment and without admission to hospital.

Unfortunately the authors do not describe their method of treatment in sufficient detail to permit a duplication of their study. They only reveal the following: "The strategies for home treatment include detailed instruction in bed transfer, chair and car transfer, choice of seating, easily applied and correctly fitted lumbosacral corsets, home cold pack therapy, providing hospital beds for home and raised toilet seats when necessary." This program seems to apply the principle of maintaining a low intradiscal pressure which we published more than ten years ago.² Had the authors used this principle even more strictly they could have further reduced the number of surgical cases.

In their discussion the authors emphasize the relatively low cost of nonsurgical treatment compared with the very high cost of surgical treatment. This may be important. But much more important in my opinion is to point out that an adequate nonsurgical management is entirely without risk while the surgical treatment carries the risk of anesthesia, the risk of infection and the risk of possible neurologic damage. Furthermore, the end results of adequate nonsurgical management are considerably better than those of surgical management.

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2. Hirschberg GG: Treating lumbar disc lesion by prolonged continuous reduction of intradiscal pressure. *Tex Med* 1974 Dec; 70(12):58-68

On Maintaining a Professional Attitude

TO THE EDITOR: Medicare's payment policies, malpractice worries, contracting pressures, rising overhead and the like all take their toll on us out here in the real world of private practice. Is it worth it?

What's our alternative to becoming demoralized? Let's stop and think about the big picture.

Our services are "consumed" not by a nameless "customer," but usually by a sick, worried person looking for some sincere help. And the traditional personal, private physician has the most incentive to provide this humane care. But employers, insurance companies and patients aren't very loyal when they think they can save money (although they are now learning the lessons of "bargain basement medicine"). No matter how we are paid, however, we are still physicians.

Name a profession with as much challenge and personal satisfaction. We are the helping profession, not the suing profession. Sure we get taken advantage of. The government, the third party payers, the lawyers, and the suit-happy public are driving us crazy, and even lowering our incomes, but some things can't be taken away from us.

We know the thrill of saving a life, a limb or an eye. We hear that precious first cry, and see the smiles of brand new parents. We share the peace of that great-grandmother dying with comfort and dignity. We can prevent heart attacks and cancer. We listen to the depressed soul sharing his most sensitive secrets. Our simplest reassurances and recommendations are powerful. We are trusted and needed, and we usually come through. It feels good.

We are indeed fortunate to be physicians. Let's not dwell on the negative and forget to be positive and constructive.

Medicine, America's greatest profession, is now challenged by this demand for "lowest bidder" services. Buckling under may cost us our pride and spirit. Colleagues, it's time to take a deep breath, smile, and prepare for battle with the fiscal "bottomliners," private and public.

If we don't rejuvenate and defend our ideals, we'll go on to become nothing but disgruntled wage-earners. We must maintain a professional attitude that incorporates our pride in traditional standards of quality medical care. We must stick together. And we must stick to our guns.

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EDITOR'S NOTE

Hear, hear!

MSMW

A Method of Reducing the Iodine Taste of Water Purified in the Wilderness

TO THE EDITOR: Kahn and Visscher¹ in this journal in 1975 presented a simple method of disinfecting water in the wilderness by the addition of small amounts of iodine. Subsequently Zemlyn, Wilson and Hellweg² reminded us that the iodine crystals are toxic and conceivably could be ingested. For this reason they urged the use of commercial tablets of tetraglycine hydropyridide. A subsequent note by Beal³ mentions the use of Povidone-iodine as a safe and inexpensive method of providing this material. Finally Jarroll, Bingham, and Meyer⁴ showed that if the water is cold, the iodine may not completely destroy *Giardia* cysts and they feel boiling the water is safer.

Although boiling or some of the very elaborate filtration systems may be the preferable method, at times on the trail it is difficult to do this and the iodine treatment method provides a relatively satisfactory method to obtain disinfected water and is still recommended.⁵ The major difficulty I have found with this method of purification is the rather nasty iodine taste that permeates any food or drink made from it. In a very short article in *Sports Afield*, (Kerasote T: "Camping: Modern Water Purification." *Sports Afield* 1980 Aug; 184:36) Ted Kerasote mentions that the addition of a pinch of sodium thiosulfate to a liter of treated water will neutralize the iodine and remove the taste, but this method requires the addition of another chemical, and probably is best to avoid.

Knowing that activated charcoal can remove many trace tastes and odors, I obtained some from an aquarium store and added approximately one teaspoonful of the material to a liter of water that had been previously treated with the usual iodine solution. I found that this material will absorb most if not all of the iodine taste and render the water much more palatable. Further there is no danger of toxicity. The charcoal is pro-